

4801 STEEPLETON WY

10525215

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

FEE: $200. CK # 2096 Rec'd 132

DATE: 8/27/99

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: ~~4070-B~~ 1993A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-252-15

STREET ADDRESS: 4801 Steepleton Way

SUBDIVISION OR MOBILE HOME PARK NAME: Farmwood North

LOT NUMBER: 40

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE 9/30/99

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: HOWARD, GREGORY S.
(LAST) (FIRST) (MI)

ADDRESS: 3620 Aladdin Ave.

CITY: Boynton Beach STATE: FL ZIP: 33436

DAYTIME PHONE: ( ) (561) - 735 - 4304

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: N/A
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

Call me at home in Florida to schedule any appointments

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Gregory Howard DATE: 8/27/99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

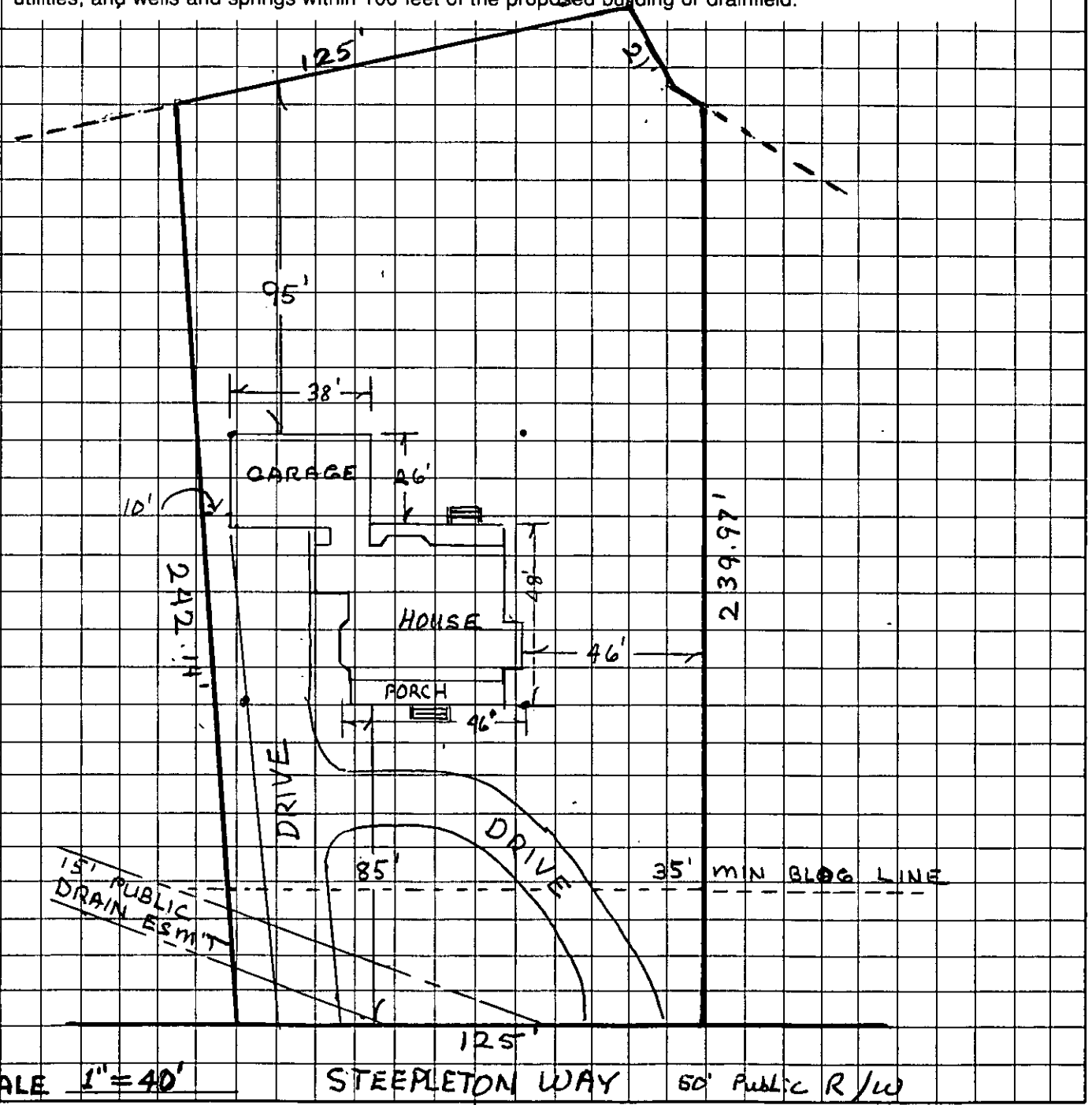
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4076B / 1993A

TC: 105-52-13

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 8/27/99

APPROVAL DATE _____

Lot # 40 Farmwood North
4801 Steepleton Way

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

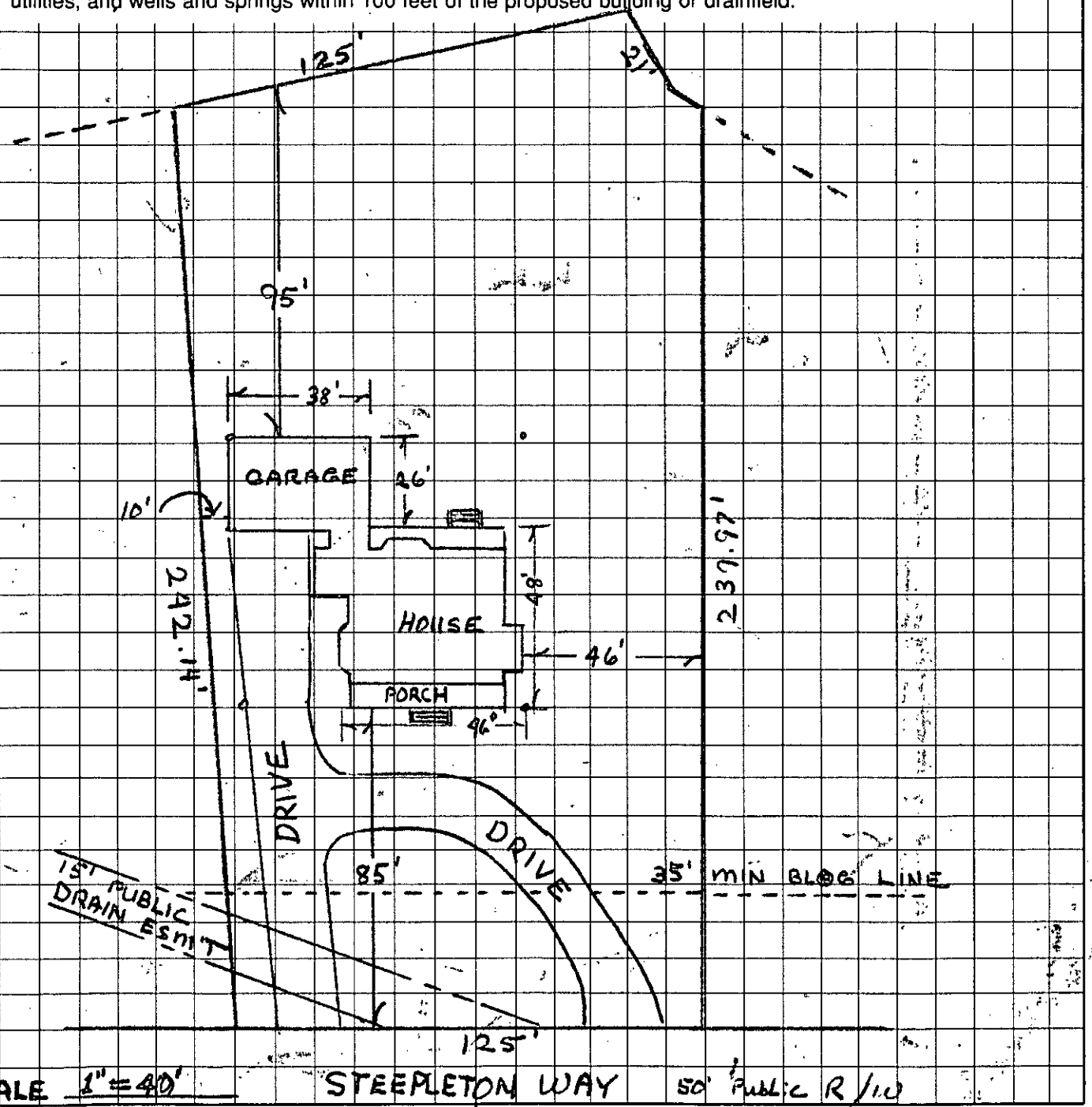
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4576B 8/31/99

TC: 105-152-13

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 8/27/99

APPROVAL DATE _____

Lot # 40 Fernwood North
4801 Steepleton Way

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

4076 B

OFFER TO PURCHASE AND CONTRACT

GREG HOWARD as Buyer, hereby offers to purchase and HOME FEDERAL SAVINGS as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of N/A, County of, MECKLENBURG State of North Carolina, being known as and more particularly described as:
Street Address LOT 40 F.W.N. 4861 STEEPLETON WAY Zip
Legal Description TAX # 105-252-15

2. **PERSONAL PROPERTY:** NONE

3. **PURCHASE PRICE:** The purchase price is $ 20,000.00 and shall be paid as follows: (704) 333 1175

(a) $ 500.00, in earnest money paid by CHECK (cash; bank, certified or personal check) with the delivery of this contract, to be held in escrow by CLOSING ATTY- DEANE BRUNSON as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;

(b) $ N/A, by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;

(c) $ N/A, by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of _____% per annum payable as follows: _____

Prepayment restrictions and/or penalties, if any, shall be: _____

Assumption or transfer rights, if any, shall be: _____

(d) $ 19,500.00, the balance of the purchase price in cash at closing.

4. **CONDITIONS:** (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)

(a) The Buyer must be able to obtain a firm commitment on or before AUGUST 20 1999, effective through the date of closing, for a LAND loan in the principal amount of $ 6,000.00 for a term of 5 year(s), at an interest rate not to exceed 9 % per annum, with mortgage loan discount points not to exceed 0 % of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: NONE

N/A (b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed _____% per annum fixed (or describe type of loan) _____, with mortgage loan assumption and/or discount points not to exceed _____% of the loan balance. (See Standard Provision No. 2) If such assumption requires the lender's approval, approval must be granted on or before _____. Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: _____

(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for RESIDENTIAL purposes.

5. **ASSESSMENTS:** Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: NONE
(Insert "None" or the identification of such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. **OTHER PROVISIONS AND CONDITIONS:**

(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be deleted: (If none are to be deleted, state "None".) 2, 8, 9 & 11

(b) SUBJECT TO PERC TEST ACCEPTABLE (Septic)

IF THERE ARE ANY ADDENDA TO THIS CONTRACT, INDICATE ABOVE AND ATTACH HERETO.

7. **CLOSING:** All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before SEPT 30, 1999, at a place designated by SELLER.
The deed is to be made to AS DIRECTED.

8. **POSSESSION:** Possession shall be delivered AT CLOSING.
In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ N/A per day from and including the date of closing to and including the date that possession is to be delivered as above set forth.

9. **COUNTERPARTS:** This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in MULTIPLE counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any.

Date of Offer 8/9/99 Date of Acceptance: _____

Buyer Greg Howard (SEAL) SELLER _____ (SEAL)

Buyer _____ (SEAL) SELLER _____ (SEAL)

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date _____ Firm _____

By: _____

REALTOR®

Selling Agent/Firm ROLIN CHOATE Acting as ☐ Buyer's Agent ☑ Seller's (sub)agent ☐ Dual Agent

Listing Agent/Firm ROLIN CHOATE Acting as ☑ Seller's (sub)agent ☐ Dual Agent

This Standard Form has been approved jointly by the: NORTH CAROLINA BAR ASSOCIATION as Form No. 2
NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. as Standard Form No. 301

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CHARGE

4076B

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 8/27/99

Name/Company: Gregory Howard

Sanitation _____

Vector Control _____

IWWS ✓

Service: New IP
4801 Stapleton Way
File 4076-B

Fee: $ 200.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1993A DATE: 9-20-00

TC: 105-2527-5 ☐ L ☑ CRT

SERIAL Nº 18468

Name of Owner GREG HOWARD Juris.: _____

Address of Property 4801 STEEPLTON WAY

Inspection Data:

Tank Material PCC 1600

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source MUNICIPAL

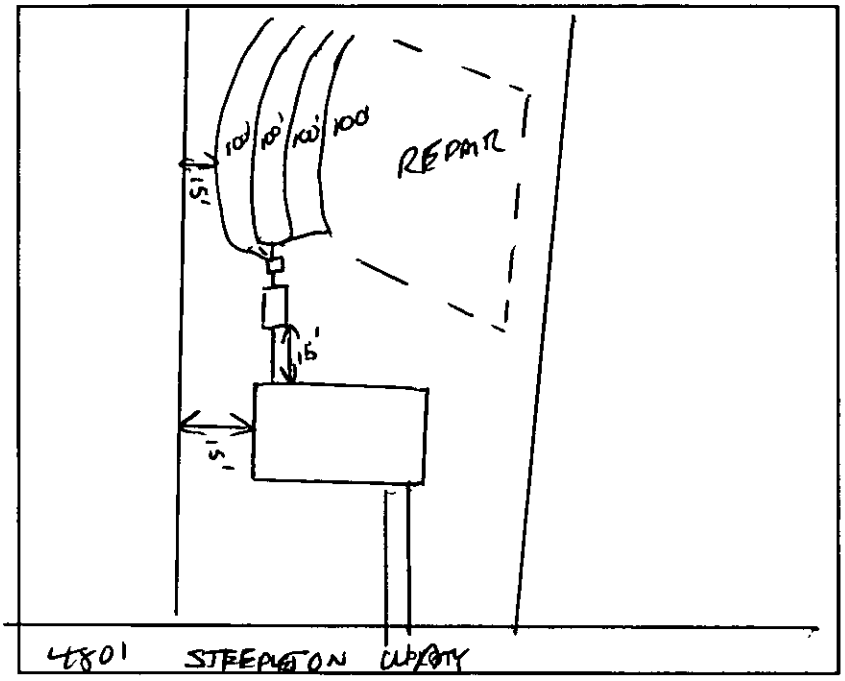
Distance to Water Source >10'

Excavation Inspected 9-21-00

Tank(s) Inspected 9-20-00

Wash Line Inspected —

High Water Alarm Inspected _____



Design 1500 ST 1600 SFT. INNOVATIVE - "EZEE FLOW" CTR# BOB McCARVER

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III-C INNOVATIVE

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

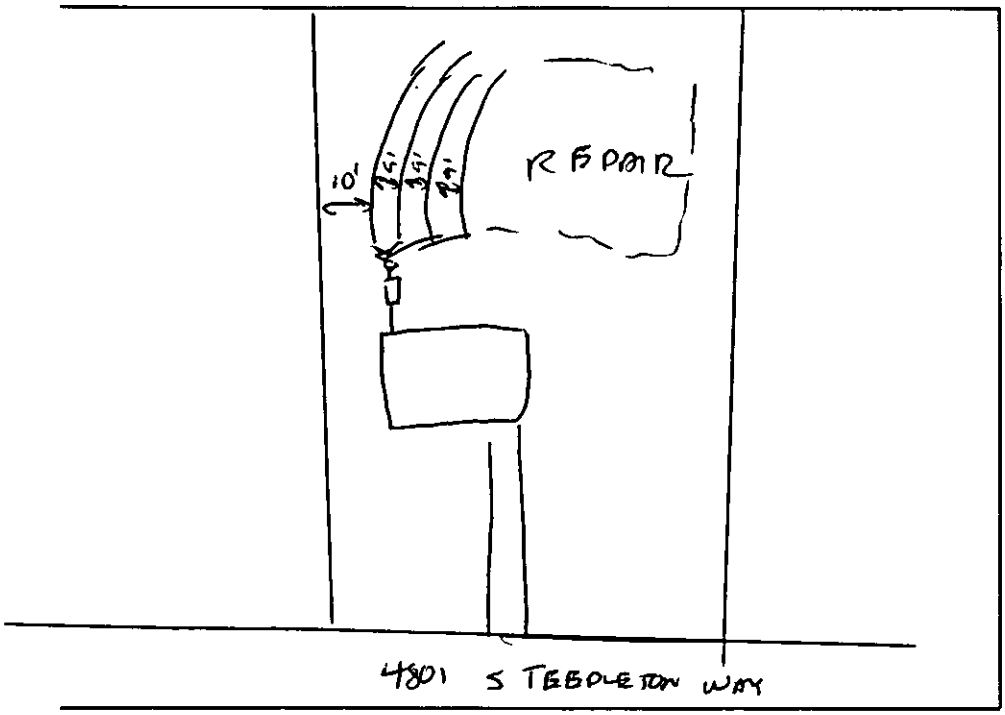
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1993A DATE: 9-19-00

TC: 105-252-15 ☒ L

SERIAL Nº 18538

Permission is hereby given to ____ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated ____. All work shall be completed on or before 8-22-91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PVC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 40.0 feet

Number of Lines 4

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER GREG HOWARD

LOCATION OF PROPERTY 4801 STEBBLETON WAY

Comments: (1) SYSTEM DESIGN IS FOR A TYPE III-G INNOVATIVE

(2) HOMEOWNERS REQUEST TO ACCOMODATE A 4 BEDROOM HOUSE.

(2) OWNER WILL BE REQUIRED TO SUBMIT AN AGREEMENT FORM PRIOR TO CO/OP BEING ISSUED.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

cat PD in full

FEE: 300.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 1/20/00 SC VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 1-20-2000 PERMIT NO: 1993A
PARCEL NO: 105-252-15

JOB LOCATION ADDRESS: 4801 STEEPLETOP WAY
PROPERTY OWNER: GREG HOWARD
BUILDING CONTRACTOR:
SUBDIVISION NAME: FARMWOOD NORTH, LOT 40
AUTHORIZATION ISSUED BY: [signature] DATE: 1-20-2000
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1993A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X [signature] - agent Jan. 20, 2000
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4006B 1993A

Tax Number: 105-252-15

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	X Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO municipal/community Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: SEE PLOT PLAN			
Repair Area System Type Type (circle one): I (II) III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth
For existing system, enter the year originally installed:			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 9/27/99

X [signature] — Owner/Agent Signature — Date Jan. 20, 2000

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

1993A

FILE: ~~10768~~

TC: 105 - 252-15

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

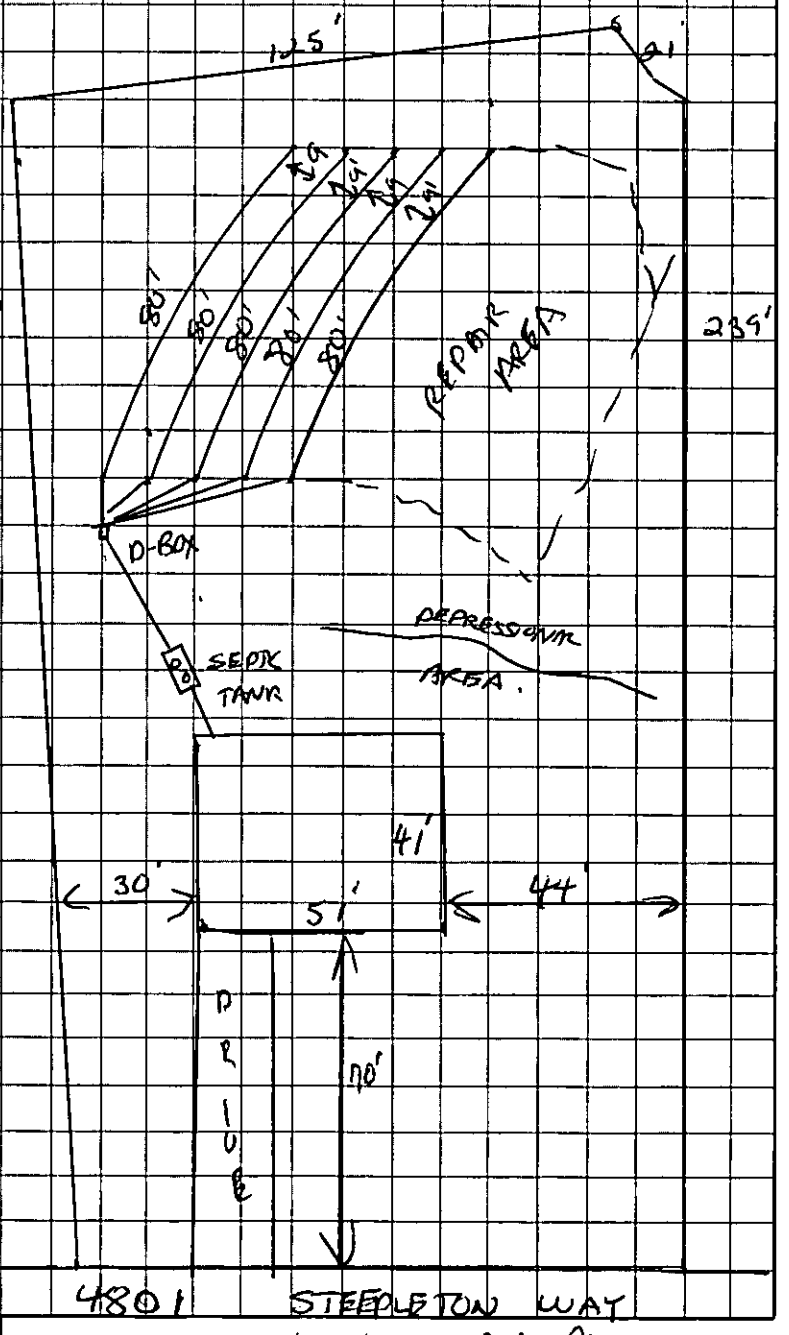
SCALE 1" = 40'

(1) INSTALL DRAINLINES SHALLOW (30") AND ON CONTOUR

(2) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 50' FROM ALL WELLS.

(3) ANY CHANGES IN PERMIT ~~WILL REQUIRE~~ CAUSE BUILDING PERMIT TO BE VOIDED.

(4) SEPTIC TANK AND DRAINLINES TO BE 15' FROM BASEMENT.



OWNER/AGENT SIGNATURE

DATE Jan. 20, 2000

APPROVAL DATE 9/29/99

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

ECKLENBURG COUNTY ENVIRONMENTAL HEALTH
ITE EVALUATION REPORT
SERIAL NUMBER 10982

File: 1993A Action .. 1H

Parcel: 10515201,03 PO P.

Location: 4801 Steepleton Way

Subdivision:

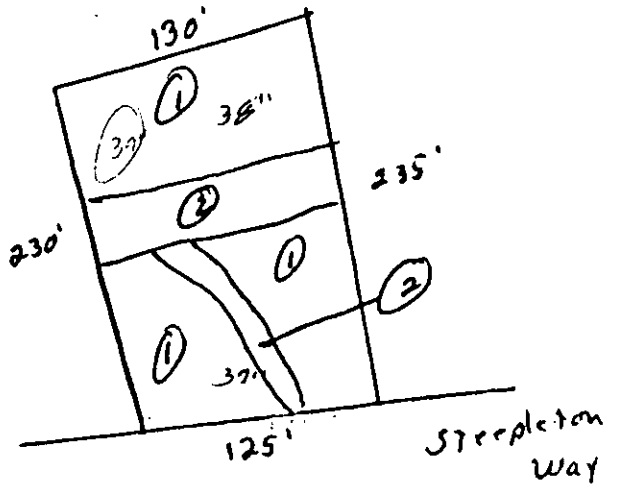
Lot: L40 Block: Acres: .75

Owner: Bob McLemore Company, Inc.
Address: PO Box 25746
Charlotte, NC 28212

Comments:

Described by: William R. Medlin

Date: 6-30-96



*** EVALUATION KEY ***

S = Suitable
PS = Provisionally Suitable
U = Unsuitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA
Topography	S (PS) U 10-20%	S PS U	S PS U	S PS U	S PS U	S PS
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS
Drainage	S (PS) U >36" Twater	S PS (U) Drainageway	S PS U	S PS U	S PS U	S PS
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS
Available Space	S (PS) U Very limited	S PS U	S PS U	S PS U	S PS U	S PS
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS
Soil Group/Series	10A Cecil-like	Drainageway & Old Bed				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S

Mecklenburg County
Health Department

September 28, 2000

Greg and Lesa Howard
9052 B Arebury Drive
Charlotte, NC 28213

Dear Mr. and Mrs. Howard,

I am enclosing an agreement form that must be completed before and Operation Permit can be issued for the property located at 4801 Steepleton Way. This was required as a result of the installation of a Type III-g innovative system. This form must be filed with the Register of Deeds office and a copy forwarded to this office.

If you have any questions please call me at 336-5573.

Sincerely,

J. Andrew Walker RS
Environmental Health Specialist
Individual Water and Wastewater Section
Environmental Health Division

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 OCT 17 01:31 PM
BOOK:11650 PAGE:69-72 FEE:$12.00
INSTRUMENT # 2000151809

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 1993A
PARCEL # 105-252-15

The undersigned, Greg Howard, owner of property located at 4801 Steepleton Way, Charlotte, NC, (the "site") and described in an instrument recorded in Book 21 at Page 496, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: ~~n/a~~ Greg Howard
Mail after recording to: ~~n/a~~ Greg Howard
9052 B Avebury Dr., Charlotte, NC 28213

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 17 day of October, 1995 2000

(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

x Grey Howard (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Mary M-James, a Notary Public for said County and State, do hereby certify that Grey Howard personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 17 day of Oct, 1992000.

Mary M. James
Notary Public

My Commission Expires:
8-2-02

MARY M. JAMES NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 10/17/2000 01:31 PM

Book: RE 11650 Page: 69-72

Document No.: 2000151809

PRMIT 4 PGS $12.00

Recorder: MAXINE HAITH

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of MARY M. JAMES Notary is certified to be correct. This 17TH of October 2000

JUDITH A. GIBSON, REGISTER OF DEEDS By: Maxine L. Haith
Deputy/Assistant Register of Deeds

****

2000151809

Revised
9/22/99

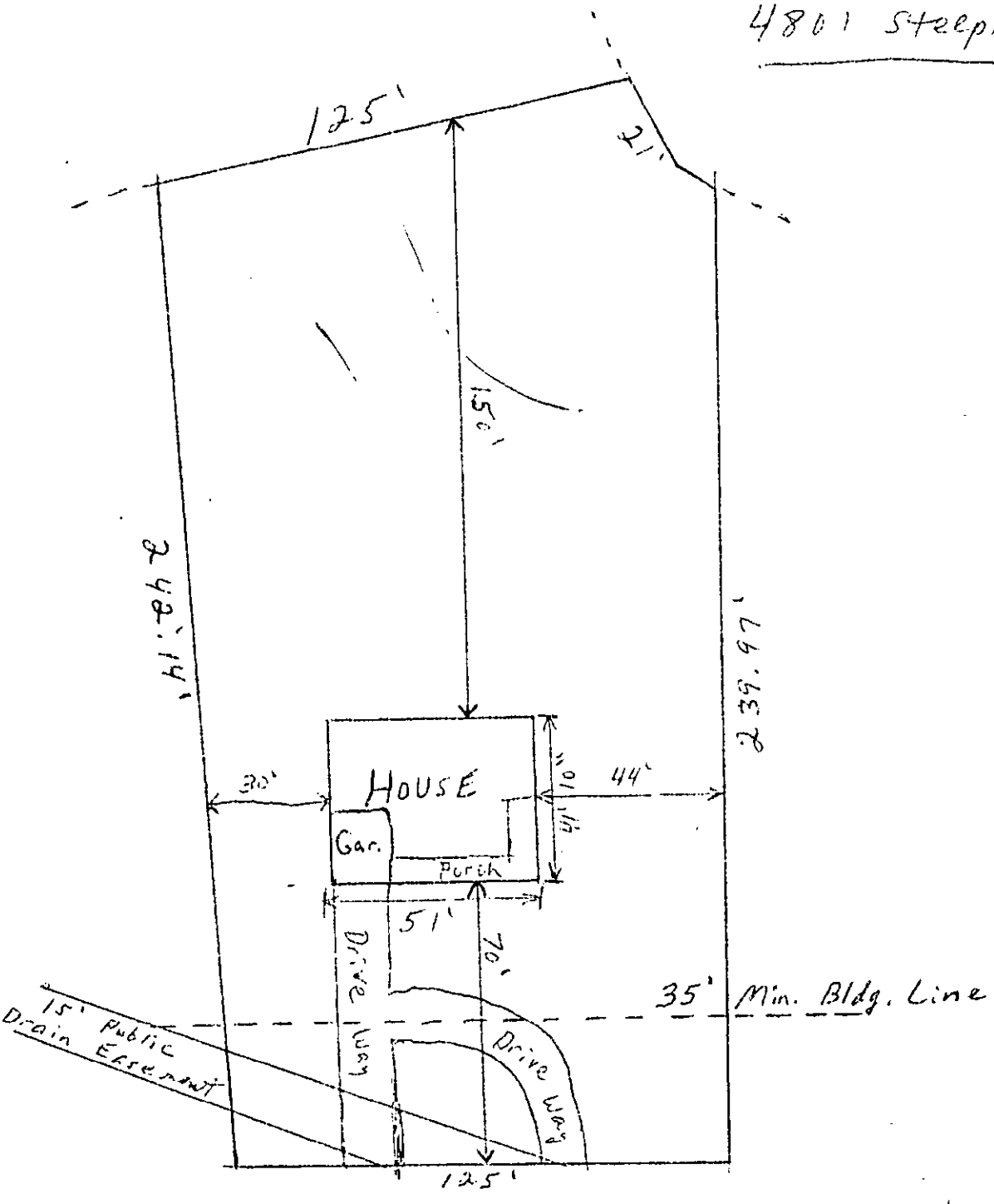
Revised Proposed Plot Plan

File # 4076B

TC 105-252-15

Lot #40 Farmwood North

4801 Steepleton Way



STEEPLETON WAY 50' Public R/W

Scale 1" = 40'

Greg Howard 9/22/99
Date

FAX COVER SHEET

ATTN: DREW WALKER

Total Pages including cover = 2

Message: Drew here is the revised plan I spoke to you about.
Please if at all possible I would like to go with a standard septic system to save costs. If you need the house moved to do this please Contact me.

Thank you,

Greg Howard

Phone # 561-735-4304
Fax # 561-733-4171

FEE: $200.00

DATE: 8/27/99

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

#1 1993A

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 1993B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-252-15

STREET ADDRESS: 4801 Steepleton Way

SUBDIVISION OR MOBILE HOME PARK NAME: Farmwood North

LOT NUMBER: 40

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE 9/30/99

Lot Checked 9-8-99
use enlargement
NDM

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
✓ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: HOWARD, GREGORY S.
(LAST) (FIRST) (MI)

ADDRESS: 3620 Aladdin Ave.

CITY: Boynton Beach STATE: FL ZIP: 33436

DAYTIME PHONE: ( ) (561) - 735 - 4304

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: N/A
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

(Call me at home in Florida to schedule any appointments)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Gregory Howard DATE: 8/27/99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102 DW